

Image

In re Application of:

RYOJI KANRI

Application No.: 10/081,184

Filed: February 25, 2002

For: FORMING METHOD OF INK  
JET PRINT HEAD SUBSTRATE  
AND INK JET PRINT HEAD  
SUBSTRATE, AND  
MANUFACTURING METHOD  
OF INK JET PRINT HEAD AND  
INK JET PRINT HEAD



Docket No. 03500.016223.

Examiner: Anita K. Alanko

Group Art Unit: 1765

Date: January 29, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Petition for Extension of Time in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>20  | MINUS | **<br>20                                     | =<br>0                  | x \$9<br>\$18  | \$0               |
| INDEP.<br>CLAIMS                               | *<br>1   | MINUS | ***<br>3                                     | =<br>0                  | x \$43<br>\$86 | \$0               |
| Fee for Multiple Dependent claims \$145°/\$290 |  |       |  |                         |                | \$0               |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$0               |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 29,286

FITZPATRICK, CELLA, HARPER & SCINTO  
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New York, New York 10112-3800  
Facsimile: (212) 218-2200

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